



What do you do with your **MAXIS Inquiry Training?**

Kristen Shouman & Susan Seidl
Joint Counselor Training 2016

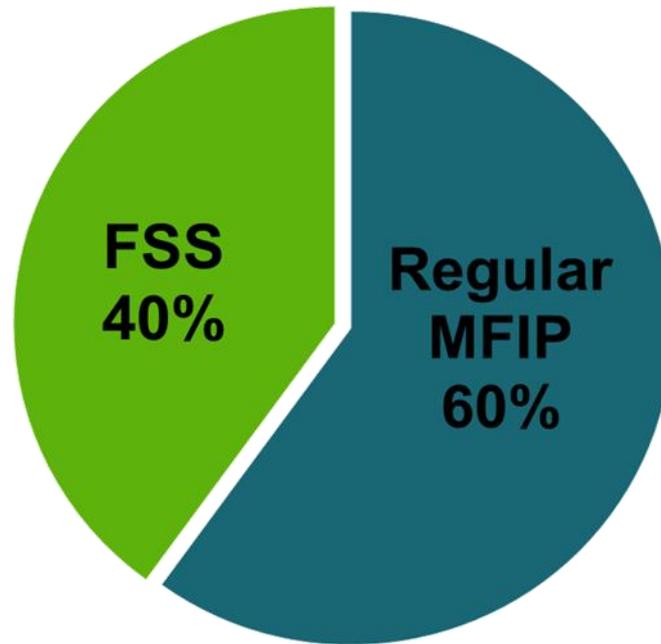


Objectives:

- Review FSS Coding in MAXIS
- Review the information Eligibility Workers need
- Answer MAXIS questions



FSS Facts and Stats



Total Number of Statewide FSS Cases

8,598

January 2016

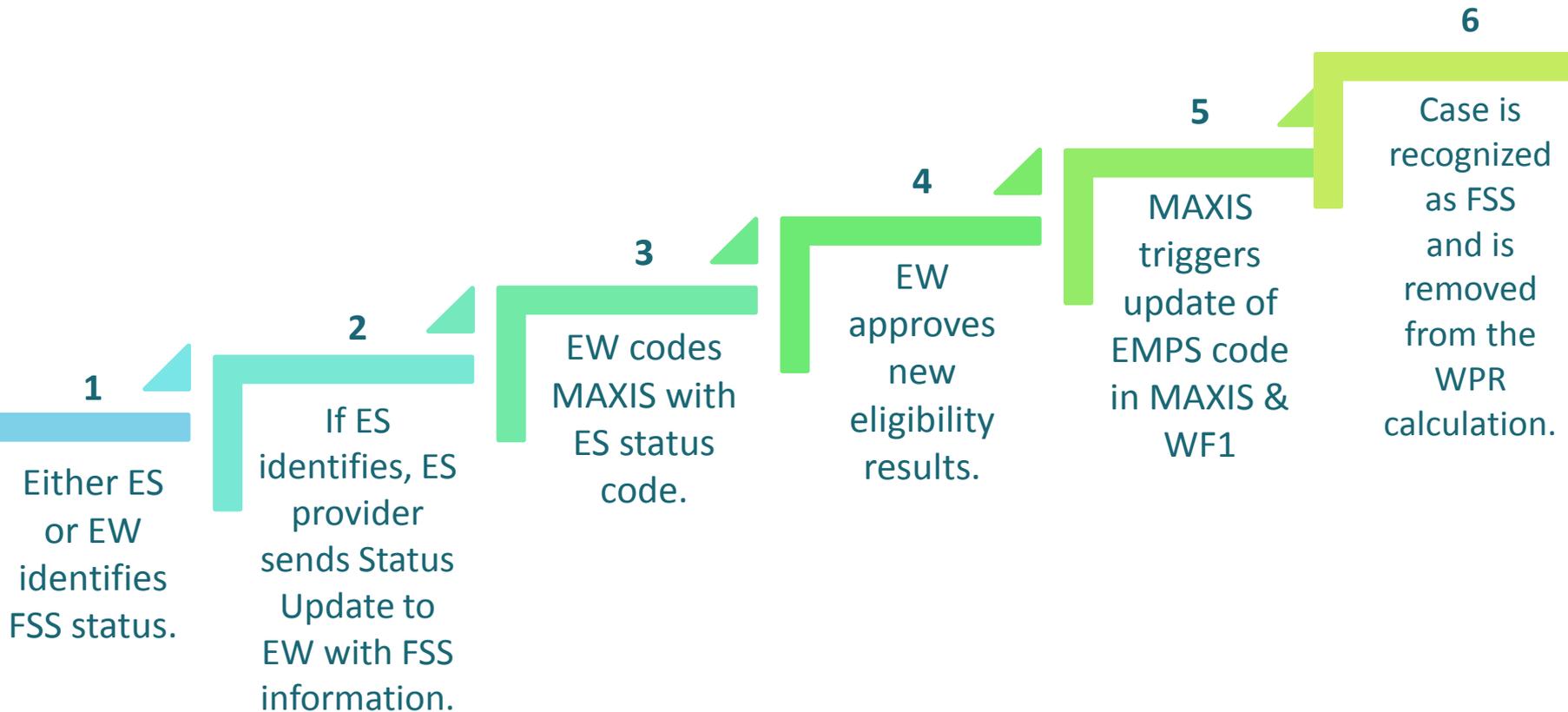


Communication is Key

- Appropriate services for the family
- Known to the Agency (ESM 3.24)
- DHS 3165 – DWP/MFIP Status Update Form
- Appropriate system coding



Communication Steps



Worker Roles

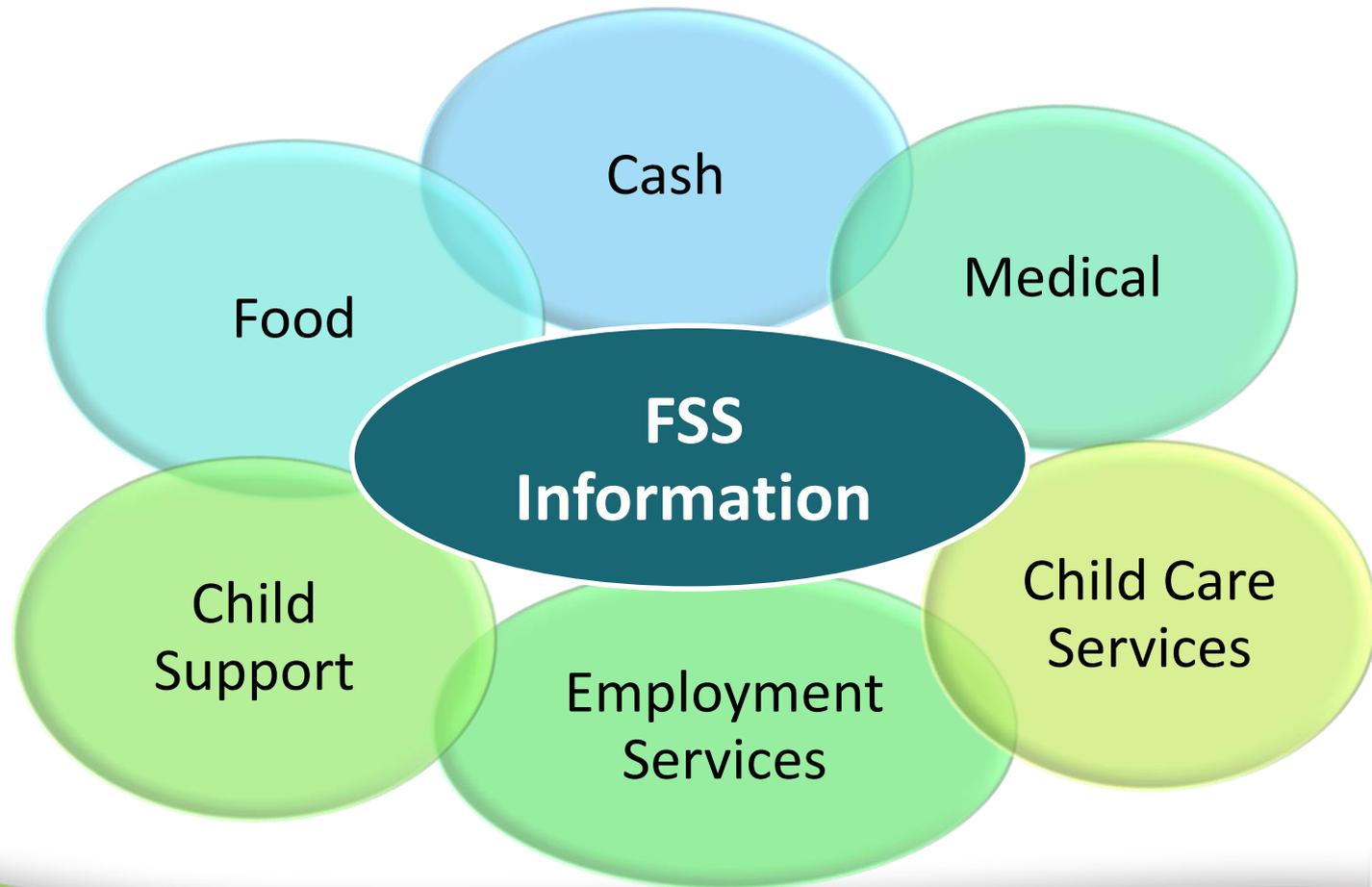
Job Counselor



Eligibility Worker



Worker Roles



Review MAXIS Coding

Where do I find FSS coding?

What information does the Eligibility Worker need?



Ill, injured or incapacitated

There is a physical injury or incapacity lasting more than 30 days and severely limits the person's ability to obtain or maintain suitable employment.

**A qualified professional has determined that the person's condition prevents them from working 20 or more hours per week.



Ref Last First M * Ref Nbr: 01 BRIGHT, EUGENE R
 01 BRIGH EUGENE R *
 03 BRIGH STAR B *

Disability Begin Date: 08 19 2014 End Date: __ __ __
 Certification Period: __ __ __ End Date: __ __ __
 Elderly Wavr Begin Dt: __ __ __ End Date: __ __ __
 GRH Plan Begin Dt: __ __ __ End Date: __ __ __

Cash/GRH Disability Status: 09 Ver: 1
 Food Support Disability Status: 09 Ver: 1
 Health Care Disability Status: __ Ver: __
 Home And Community Based Waiver: __
 1619 Status: __
 Material Drug Addiction & Alcoholism Ver: __

Mode: D Function: STAT Case Nbr: __157853 Month: Command: __ __ __
 Sv: 98 PW: PWKAS34 SW: Updated: 15 User: PWKAS34
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO



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Ref Last First M * Ref Nbr: 01 BRIGHT, EUGENE R
01 BRIGH EUGENE R * Fin Orient Dt: 11 19 14 Attended (Y/N): Y Good Cause: ___
03 BRIGH STAR B * Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___
* * * * * * * * * * Employment Services * * * * * * * * * *
* Mbr Required At Home For Special Medical Criteria: N
* Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N
* Member Experiencing Personal/Family Crisis (Y/N): N
* Member Meets Hard To Employ Category: NO
* _ Full-Time Care of child < 1 (Y/N): N
* _ FT Care of child < 12 weeks (Y/N): N
* Return FSS Caregiver To Regular MFIP-ES (Y/N): _
* ES Status: 23 Ill/Incap > 30 Days (UP)
* ES Referral Dt: 11 19 14 18/19 Year Old ES Option: ___
* DWP Plan Date: ___ ___ ___ Hrs/Week Work Activity: ___
* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___
_ Other Provider Information Tribal Code: ___
Mode: D Function: STAT Case Nbr: __157853 Month: Command: █
Sv: 98 PW: PWSCSP9 SW: Updated: User: PWKAS34
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Needed in the home

Needed to care for someone in the household with an illness or incapacity lasting more than 30 days.



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01 APPLE STEPHAN J * Fin Orient Dt: 06 01 15 Attended (Y/N): Y Good Cause: ___
02 APPLE PAUL L * Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___
03 APPLE ALEXAND B * * * * * * * * * * Employment Services * * * * * * * * * *
* Mbr Required At Home For Special Medical Criteria: N
* Mbr Required Home Care Ill/Incap Family Mbr (Y/N): Y
* Member Experiencing Personal/Family Crisis (Y/N): N
* Member Meets Hard To Employ Category: NO
* _ Full-Time Care of child < 1 (Y/N): N
* _ FT Care of child < 12 weeks (Y/N): N
* Return FSS Caregiver To Regular MFIP-ES (Y/N): _
* ES Status: 08 Care Ill/Incap Fam Mbr
* ES Referral Dt: 06 01 15 18/19 Year Old ES Option: ___
* DWP Plan Date: ___ ___ ___ Hrs/week work Activity: ___
* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___
* _ Other Provider Information Tribal Code: ___
Mode: D Function: STAT Case Nbr: ___157851 Month: Command: ___
Sv: 98 PW: PWSCSP9 SW: Updated: User: PWSCSP9
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HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO

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Special Medical Criteria

- May include a child who has a physical disability and qualifies for home care services, or who has a home and community-based waiver.
- For an adult in this criteria, serious and persistent mental illness (SPMI) criteria needs to be met for this determination.



N No
 1 Home-Health/
 Waiver Service
 2 Child w/Severe
 Emotional Dist
 3 Adult/Serious
 Persistent MI

Ref Nbr: 01 BIGGS, EUGENE R

Fin Orient Dt: 03 24 15 Attended (Y/N): Y Good Cause: ___

Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___

* * * * * Employment Services * * * * *

Mbr Required At Home For Special Medical Criteria: 1

Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N

Member Experiencing Personal/Family Crisis (Y/N): N

Member Meets Hard To Employ Category: NO

_ Full-Time Care of Child < 1 (Y/N): N

_ FT Care of Child < 12 weeks (Y/N): N

Return FSS Caregiver To Regular MFIP-ES (Y/N): ___

ES Status: 27 Special Med Criteria (UP)

ES Referral Dt: 03 25 15 18/19 Year Old ES Option: ___

DWP Plan Date: ___ ___ ___ Hrs/week Work Activity: ___

Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___

_ Other Provider Information Tribal Code: ___

Mode: D Function: STAT Case Nbr: ___157847 Month: ___ Command: ___

Sv: 98 PW: PWSCSP9 SW: ___ Updated: ___ User: PWSCSP9

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HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO



IQ below 80

- IQ below 80 and the condition severely limits the person's ability to obtain and maintain suitable employment.
- Having a low IQ alone does not make someone FSS.



NO None
 IQ IQ Tested At
 < 80
 LD Learning
 Disabled
 MI Mentally Ill
 DD Dev Disabled
 UN Unemployable

Ref Nbr: 01 BRIGHT, EUGENE R

Fin Orient Dt: 11 19 14 Attended (Y/N): Y Good Cause: ___

Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___

* * * * * Employment Services * * * * *

Mbr Required At Home For Special Medical Criteria: N

Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N

Member Experiencing Personal/Family Crisis (Y/N): N

Member Meets Hard To Employ Category: IQ

_ Full-Time Care Of Child < 1 (Y/N): N

_ FT Care Of Child < 12 weeks (Y/N): N

* Return FSS Caregiver To Regular MFIP-ES (Y/N): _

* ES Status: 28 IQ Tested < 80 (UP)

* ES Referral Dt: 11 19 14 18/19 Year Old ES Option: ___

* DWP Plan Date: ___ ___ ___ Hrs/week work Activity: ___

* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___

_ Other Provider Information Tribal Code: ___

Mode: D Function: STAT Case Nbr: ___157853 Month: Command: █

Sv: 98 PW: PWSCSP9 SW: Updated: User: PWSCSP9

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO



Learning Disabled

This person is of normal or above normal intelligence but has a specific conditions that hinder processing of information, such as dyslexia, auditory processing disorders, etc.



NO None
 IQ IQ Tested At
 < 80
 LD Learning
 Disabled
 MI Mentally Ill
 DD Dev Disabled
 UN Unemployable

Ref Nbr: 01 BRIGHT, EUGENE R

Fin Orient Dt: 11 19 14 Attended (Y/N): Y Good Cause: ___

Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___

* * * * * Employment Services * * * * *

Mbr Required At Home For Special Medical Criteria: N

Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N

Member Experiencing Personal/Family Crisis (Y/N): N

Member Meets Hard To Employ Category: LD

_ Full-Time Care of Child < 1 (Y/N): N

_ FT Care of Child < 12 weeks (Y/N): N

.. Return FSS Caregiver To Regular MFIP-ES (Y/N): _

* ES Status: 29 Learning Disabled (UP)

* ES Referral Dt: 11 19 14 18/19 Year Old ES Option: ___

* DWP Plan Date: ___ ___ ___ Hrs/week Work Activity: ___

* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___

_ Other Provider Information Tribal Code: ___

Mode: D Function: STAT Case Nbr: ___157853 Month: Command: █

Sv: 98 PW: PWSCSP9 SW: Updated: User: PWSCSP9

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO



Mentally Ill

Mental health disorder and the condition severely limits the person's ability to obtain or maintain suitable employment.



NO None
 IQ IQ Tested At
 < 80
 LD Learning
 Disabled
 MI Mentally ill
 DD Dev Disabled
 UN Unemployable

Ref Nbr: 01 BRIGHT, EUGENE R

Fin Orient Dt: 11 19 14 Attended (Y/N): Y Good Cause: ___

Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___

* * * * * Employment Services * * * * *

Mbr Required At Home For Special Medical Criteria: N

Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N

Member Experiencing Personal/Family Crisis (Y/N): N

Member Meets Hard To Employ Category: MI

_ Full-Time Care of child < 1 (Y/N): N

_ FT Care of child < 12 weeks (Y/N): N

Return FSS Caregiver To Regular MFIP-ES (Y/N): ___

ES Status: 30 Mentally ill (UP)

ES Referral Dt: 11 19 14 18/19 Year old ES Option: ___

DWP Plan Date: ___ ___ ___ Hrs/week work Activity: ___

Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___

_ Other Provider Information Tribal Code: ___

Mode: D Function: STAT Case Nbr: ___157853 Month: ___ Command: ___

Sv: 98 PW: PWSCSP9 SW: ___ Updated: ___ User: PWSCSP9

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO



Developmentally Disabled

Participant has a significant cognitive limitation which severely impacts a person's ability to function independently.



NO None
 IQ IQ Tested At
 < 80
 LD Learning
 Disabled
 MI Mentally Ill
 DD Dev Disabled
 UN Unemployable

```
* Ref Nbr: 01 BRIGHT, EUGENE R
* Fin Orient Dt: 11 19 14 Attended (Y/N): Y Good Cause:
* Sanc Begin Dt: 01 End Date: 01
* ***** Employment Services *****
* Mbr Required At Home For Special Medical Criteria: N
* Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N
* Member Experiencing Personal/Family Crisis (Y/N): N
* Member Meets Hard To Employ Category: DD
* Full-Time Care of Child < 1 (Y/N): N
* FT Care of Child < 12 weeks (Y/N): N
* Return FSS Caregiver To Regular MFIP-ES (Y/N):
* ES Status: 31 Dev Disabled (UP)
* ES Referral Dt: 11 19 14 18/19 Year old ES Option:
* DWP Plan Date: Hrs/week work Activity:
* Sanction Rsn: Beg Dt: 01 End Date: 01
* Other Provider Information Tribal Code:
```

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Mode: D Function: STAT Case Nbr: 157853 Month: Command:
Sv: 98 PW: PWSCSP9 SW: Updated: User: PWSCSP9
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO
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Unemployable

- Designed to help people who have multiple and significant barriers which impacted their ability to get assessments and proper documentation of the disorders.
- Often undocumented mental health and chemical dependency issues.

Determined by a vocational specialist or person designated by the county.



NO None
 IQ IQ Tested At
 < 80
 LD Learning
 Disabled
 MI Mentally Ill
 DD Dev Disabled
 UN Unemployable

```

* Ref Nbr: 01 BRIGHT, EUGENE R
* Fin Orient Dt: 11 19 14 Attended (Y/N): Y Good Cause: ___
* Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___
* * * * * Employment Services * * * * *
* Mbr Required At Home For Special Medical Criteria: N
* Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N
* Member Experiencing Personal/Family Crisis (Y/N): N
* Member Meets Hard To Employ Category: UN
*   Full-Time Care of Child < 1 (Y/N): N
*   FT Care of Child < 12 weeks (Y/N): N
* Return FSS Caregiver To Regular MFIP-ES (Y/N): ___
* ES Status: 32 Unemployable (UP)
* ES Referral Dt: 11 19 14 18/19 Year Old ES Option: ___
* DWP Plan Date: ___ ___ ___ Hrs/week Work Activity: ___
* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___
* Other Provider Information Tribal Code: ___
  
```

Mode: D Function: STAT Case Nbr: ___157853 Month: Command: █
 Sv: 98 PW: PWSCSP9 SW: Updated: User: PWSCSP9

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Family Violence Waiver

- Participants must work with the Job Counselor and a person trained in domestic violence
- Participants develop an employment plan which focuses on the safety of the caregiver and the children.



01 Residing On
Qual Indn Resv
02 Fam Vio Waiver
03 Fam Vio Waiver
& Residing On
Qual Indn Resv

Ref Nbr: 01 APPLE, STEPHANIE J

SSN: 333-01-7181 PMI: 1718

PMI Type: M

Actual Dt: __ __ __ SMI:

Alien ID:

Marital Status: M

Spouse Ref Nbr: 02 APPLE PAUL L

Last Grade Completed: 12

Citizen (Y/N): Y

Citizenship Ver: NO

MA Citizenship Ver: _

Cmdty/Othr St FS End Dt: __ __ __

GRH St Resi (Y/N): _

In MN > 12 Months (Y/N): Y

Residence Ver: 2

MN Entry Date: __ __ __

Former State: _

Time Limit: _

Temporary Residence: _

Placement Type: _

Adoption Assistance: _

Code: 02

Minor Crgvr Lvg Arrang: _

TANF Exemption: 02

Fam Vio Waiver Beg Dt: 08 01 15

Mode: D Function: STAT Case Nbr: __157851 Month: __

Command: __ __ __

Sv: 98 PW: PWSCSP9

SW: Updated: __ __ __

User: PWSCSP9

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP PMI EXIT CNOTE PNOTE

PREV NEXT EDIT OOPS TRBL INFO



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Ref Last First M * Ref Nbr: 01 APPLE, STEPHANIE J
01 APPLE STEPHAN J * Fin Orient Dt: 06 01 15 Attended (Y/N): Y Good Cause: ___
02 APPLE PAUL L * Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___
03 APPLE ALEXAND B * * * * * * * * * * Employment Services * * * * * * * * * *
* Mbr Required At Home For Special Medical Criteria: N
* Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N
* Member Experiencing Personal/Family Crisis (Y/N): N
* Member Meets Hard To Employ Category: NO
* _ Full-Time Care of child < 1 (Y/N): N
* _ FT Care of child < 12 weeks (Y/N): N
* Return FSS Caregiver To Regular MFIP-ES (Y/N): _
* ES Status: 26 Fam Violence Waiver (UP)
* ES Referral Dt: 06 01 15 18/19 Year Old ES Option: ___
* DWP Plan Date: ___ ___ ___ Hrs/week work Activity: ___
* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___
* _ Other Provider Information Tribal Code: ___
Mode: D Function: STAT Case Nbr: ___157851 Month: Command: █
Sv: 98 PW: PWSCSP9 SW: Updated: User: PWSCSP9
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
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Legal non-citizen residing in the US for 12 months or less

- Based on the dates a person enters the country
- MAXIS determines the 12-month period
- Communicate in Month 11 if client meets criteria to extend this FSS category



Ref Last First M * Ref Nbr: 01 DEVILDOG, CLIFFORD L
 01 DEVIL CLIFFOR L * Actual Date: __ __ __
 02 DEVIL CATHRYN A * Immigration Status: 21 Refugee
 03 DEVIL CAROLIN T * Entry Date: 08 01 2015 Status Date: __ __ __
 04 DEVIL CODY J * Status Ver: AL
 * Status LPR Adj From: __
 * Nationality: OT Alien ID Nbr: A651441245
 *

* **Reminder, complete SPON if client has a sponsor**

* 40 Social Security Cr (Y/N): _ Ver (Y/N): _
 * Battered spouse/child (Y/N): _ Ver (Y/N): _
 * Military Status: _ Ver (Y/N): _
 * Hmong, Lao, Native American: __
 * St Prog ESL/Ctzn Coop (Y/N): _ Ver (Y/N): _
 * FSS ESL/Skills Training (Y/N): _

Mode: D Function: STAT Case Nbr: __158783 Month: Command: __ __ __
 Sv: 98 PW: PWSCSN0 SW: Updated: User: PWKAS34
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 HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO



CAF Questions 12, 18-19 Employment Services (EMPS)

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Ref Last First M * Ref Nbr: 01 DEVILDOG, CLIFFORD L
01 DEVIL CLIFFOR L * Fin Orient Dt: 10 08 15 Attended (Y/N): Y Good Cause: ___
02 DEVIL CATHRYN A * Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___
03 DEVIL CAROLIN T * * * * * * * * * * Employment Services * * * * * * * * * *
04 DEVIL CODY J * Mbr Required At Home For Special Medical Criteria: N
* Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N
* Member Experiencing Personal/Family Crisis (Y/N): N
* Member Meets Hard To Employ Category: NO
* _ Full-Time care of child < 1 (Y/N): N
* _ FT care of child < 12 weeks (Y/N): N
* Return FSS Caregiver To Regular MFIP-ES (Y/N): _
* ES Status: 34 Newly Arrived Immigrant (UP)
* ES Referral Dt: 10 08 15 18/19 Year Old ES Option: ___
* DWP Plan Date: ___ ___ ___ Hrs/week work Activity: ___
* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___
* _ Other Provider Information Tribal Code: ___
Mode: D Function: STAT Case Nbr: ___158783 Month: Command: ___
Sv: 98 PW: PWSCSN0 SW: Updated: User: PWKAS34
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO

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Applying for or appealing SSI or RSDI determination

- Can be verified by the Eligibility Worker
- Determined from information entered into MAXIS



Potential Benefits (PBEN)

Ref Last First M * Ref Nbr: 01 DEVILDOG, CLIFFORD L

01 DEVIL CLIFFOR L *
 02 DEVIL CATHRYN A *
 03 DEVIL CAROLIN T *
 04 DEVIL CODY J *

Benefit Type	Referral Date	Appl Date	Ver	IAA Date	Disp
02 SSI	09 01 15	09 15 15	4	__ __ __	P
---	---	---	-	---	-
---	---	---	-	---	-
---	---	---	-	---	-
---	---	---	-	---	-
---	---	---	-	---	-

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Mode: D Function: STAT Case Nbr: __158783 Month: Command: _____
 Sv: 98 PW: PWSCSN0 SW: Updated: User: PWKAS34

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 HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO



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Ref Last  First  M * Ref Nbr: 01  DEVILDOG, CLIFFORD L
01 DEVIL  CLIFFOR L * Fin Orient Dt: 10 08 15  Attended (Y/N): Y Good Cause: ___
02 DEVIL  CATHRYN A * Sanc Begin Dt: ___ 01 ___  End Date: ___ 01 ___
03 DEVIL  CAROLIN T * * * * * * * * * * Employment Services * * * * * * * * * *
04 DEVIL  CODY    J * Mbr Required At Home For Special Medical Criteria: N
  * Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N
  * Member Experiencing Personal/Family Crisis (Y/N): N
  * Member Meets Hard To Employ Category: NO
  *   _ Full-Time Care of child < 1 (Y/N): N
  *   _ FT Care of child < 12 weeks (Y/N): N
  * Return FSS Caregiver To Regular MFIP-ES (Y/N): ___
  * ES Status: 33 SSI/RSDI Pending (UP)
  * ES Referral Dt: 10 08 15  18/19 Year Old ES Option: ___
  * DWP Plan Date: ___ ___ ___  Hrs/week Work Activity: ___
  * Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___
  *   _ Other Provider Information Tribal Code: ___
Mode: D Function: STAT Case Nbr: __158783 Month: Command: █
Sv: 98 PW: PWSCSN0 SW: Updated: User: PWKAS34
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
      HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO

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Participant age 60 or older

- Determined in MAXIS based on the date of birth of the caregiver.
- May be a relative caregiver



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Ref Last First M * Ref Nbr: 01 PMI Nbr: 3950 _ Arrival Date:
01 DEVIL CLIFFOR L * SMI NBR: Actual Date: _ _ _
02 DEVIL CATHRYN A * Last: DEVILDOG_____ First: CLIFFORD_____ M: L
03 DEVIL CAROLIN T * SSN: 468 11 3744 Ver: P
04 DEVIL CODY J * Birthdate: 01 15 1953 Ver: DL Age: 62
* Gender: M ID Ver: DL
* Rel To Applicant: 01 Applicant
*
* Spoken Language: 99 English_____
* Written Language: 99 English (HRF)_____
* Needs Interpreter (Y/N): N
* Alias (Y/N): N Alien ID Nbr: _____
* Ethnicity Hisp/Lat (Y/N): N
* _ Race: white
* Tribal Indc: _ ADA Notice Type: _
* Date of Death: _ _ _
Mode: D Function: STAT Case Nbr: __158783 Month: Command: _____
Sv: 98 PW: PWSCSN0 SW: Updated: User: PWSCSP9
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO

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Ref Last First M * Ref Nbr: 01 DEVILDOG, CLIFFORD L
01 DEVIL CLIFFOR L * Fin Orient Dt: 10 08 15 Attended (Y/N): Y Good Cause: ___
02 DEVIL CATHRYN A * Sanc Begin Dt: ___ 01 ___ End Date: ___ 01 ___
03 DEVIL CAROLIN T * * * * * * * * * * Employment Services * * * * * * * * * *
04 DEVIL CODY J * Mbr Required At Home For Special Medical Criteria: N
* Mbr Required Home Care Ill/Incap Family Mbr (Y/N): N
* Member Experiencing Personal/Family Crisis (Y/N): N
* Member Meets Hard To Employ Category: NO
* _ Full-Time Care of child < 1 (Y/N): N
* _ FT care of child < 12 weeks (Y/N): N
* Return FSS Caregiver To Regular MFIP-ES (Y/N): _
* ES Status: 21 Age 60 or Older (UP)
* ES Referral Dt: 10 08 15 18/19 Year Old ES Option: ___
* DWP Plan Date: ___ ___ ___ Hrs/Week Work Activity: ___
* Sanction Rsn: ___ Beg Dt: ___ 01 ___ End Date: ___ 01 ___
* _ Other Provider Information Tribal Code: ___
Mode: D Function: STAT Case Nbr: __158783 Month: Command:
Sv: 98 PW: PWSCSN0 SW: Updated: User: PWSCSP9
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO

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Activity Hours in MAXIS

Where are they found?



Activity Hours

- Job Income (JOBS panel)
- Self-Employment Income (BUSI panel)
- Room/Board Income Calculation (RBIC panel)



```

Ref Last First M * Ref Nbr: 01 WAZZUP, CLIFFORD L
01 WAZZU CLIFFOR L * Income Type: W Subsidized Income Type: __
02 WAZZU CATHRYN A * Ver: 2 Empl Statement
03 WAZZU CAROLIN A * Employer: __ JOES AUTOBODY_____
04 WAZZU CODY J * _ Employer Addr GRH Income Unav 1st Mo: $ _____
* Inc Start: 03 15 01 End: __ __ __ Contract Thru: __ __ __
* Retrospective Prospective
* Pay Date Gross Wage Pay Date Gross Wage
* 02 15 16 $ 400.00 04 15 16 $ 400.00
* 02 29 16 400.00 04 30 16 400.00
* _ _ _ _ _
* _ _ _ _ _
* _ _ _ _ _
* Total: $ 800.00 Total: $ 800.00
* Pay Freq: 2 Hrs: 80 Hrs: 80
* Sig Chng: _ _ FS Prosp Inc _ HC Inc Est _ EI Disreg
Mode: D Function: STAT Case Nbr: __161201 Month: 04 16 Command: _____
Sv: 98 PW: PWSCSL0 SW: Updated: 03 24 16 User: PWKAS34
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO
    
```



```

Ref Last First M * Ref Nbr: 01 WASHINGTON, HOWARD H
01 WASHI HOWARD H * Income Type: 04 Inc Start: 01 01 14 End: _ _ _
* _ Gross Income Calculation
*
* Retro Prosp
* Gross Income Cash/GRH: $ 1555.00 $ 1555.00
* IV-E: 0.00
* Food Support: 0.00 0.00
* HC Method A: 0.00
* HC Method B: 0.00
* Reported Hrs: 160 160
* Min Wage Hrs: 214 214
*
* Self Employment Method: 02 Date: 03 01 16
* _ HC Income Estimate
* _ Earned Income Disregard
* Significant Change: _
Mode: D Function: STAT Case Nbr: __157200 Month: 04 16 Command: _ _ _
SV: 98 PW: PWKAS34 SW: Updated: 04 20 16 User: PWKAS34
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO
    
```



```

Ref Last First M * Ref Nbr: 01 EUNICH, EUGENE R
01 EUNIC EUGENE R * Room/Board Type: ___
03 EUNIC STAR B * Income Start: ___ ___ ___ Income End: ___ ___ ___
* Significant Change: ___ ___ ___ EI Disregard
*
* Retro Prosp
* Ref Nbrs Per Unit Room/Board Income Amount Ver
* ___ ___ ___ ___ ___ $ ___ $ ___ ___
* ___ ___ ___ ___ ___ ___ ___ ___ ___
* ___ ___ ___ ___ ___ ___ ___ ___ ___
* Hrs: ___ Hrs: ___
* Expense Type Expense Amount Ver
* ___ $ ___ $ ___ ___
* ___ ___ ___ ___ ___
* ___ ___ ___ ___ ___

```

* Shift PF7/PF8 To scroll Income/Expenses

```

Mode: D Function: STAT Case Nbr: __157846 Month: Command: ___
Sv: 98 PW: PWKAS34 SW: Updated: User: PWKAS34

```

```

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PNOTE PREV NEXT EDIT OOPS TRBL INFO

```

RBIC DOES NOT EXIST FOR ANY MEMBER



MAXIS Hierarchy

Interfacing with WorkForce One



MAXIS/WF1 System Interface of ES Status Codes

Eligibility Workers code the ES Status code(s) in the ES Status field on the STAT/EMPS panel in MAXIS. Once the eligibility results are approved by the Eligibility Worker, this information is updated and interfaced to the WorkForce One system. When more than one FSS identifier is coded in MAXIS, a hierarchy is used to determine what code is sent via interface to the WorkForce One system.

Pre-60 Month Hierarchy	Post-60 month Hierarchy
10 – Care of child <12 months	10 – Care of child <12 months
*27 – Special Medical Criteria (UP)	*12 – Special Medical Criteria
*34 – Newly Arrived Immigrant (UP)	*19 – Newly Arrived Immigrant
*33 - SSI/ <u>RSDI</u> Pending (UP)	*18 – SSI/ <u>RSDI</u> Pending
*28 – IQ Tested <80 (UP)	*13 – IQ Tested <80
*29 – Learning Disabled (UP)	*14 – Learning Disabled
*30 – Mentally Ill (UP)	*15 – Mentally Ill
*31 - Developmentally Delayed (UP)	*16 – Developmentally Delayed
*32 – Unemployable (UP)	*17 – Unemployable
*23 – Ill/ <u>Incap</u> >30 days (UP)	*07 – Ill/ <u>Incap</u> >30 days
*24 – Care of Ill/ <u>Incap</u> Fam Memb (UP)	*08 – Care of Ill/ <u>Incap</u> Fam Memb
*26 – Family Violence Waiver	*11 – Family Violence Waiver
*21 – Age 60 or Older (UP)	02 – Age 60 or Older
22 – <u>Preg/Incap</u> (UP)	06 – <u>Preg/Incapacitated</u>
20 – Universal Participation (UP)	09 – In Per/Family Crisis
	01 – Not Exempt

*Denotes codes which are FSS



MAXIS Q&A

What MAXIS questions do you have?





Any Questions?





Thank you!



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